

SEPSIS DATA COLLECTION TOOL

Updated July 2019

Facility:*	Family name:		MRN:	
	Given name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
	D.O.B ____/____/____		M.O	
Ward:*	Address:			
Service type*	<input type="checkbox"/> Aged care	<input type="checkbox"/> Critical care	<input type="checkbox"/> Emergency	<input type="checkbox"/> General/mixed
	<input type="checkbox"/> Maternity	<input type="checkbox"/> Medical	<input type="checkbox"/> Mental health	<input type="checkbox"/> Newborn
	<input type="checkbox"/> Onc/haematology	<input type="checkbox"/> Paediatric	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Surgical
	<input type="checkbox"/> Other			
Sepsis recognition:*	Time: ---:--- Date: ---/---/----- Triage category 1-5 <input type="checkbox"/>			
Method of recognition:*	<input type="checkbox"/> Rapid Response <input type="checkbox"/> Clinical Review <input type="checkbox"/> Other.....			
Observation information	Heart rate /min	First SBP	mmHg	
	Respiratory rate /min	Temperature	°C	
	Level of consciousness <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U			
Severity*	<input type="checkbox"/> Severe Sepsis/Septic Shock <input type="checkbox"/> Sepsis			
First IV antibiotic started:*	Time: ---:--- Date: ---/---/-----			
<i>Time first IV antibiotic commenced for this episode of sepsis</i>				
IV resuscitation fluid* ADULT	<input type="checkbox"/> Not given	<input type="checkbox"/> 250 – 500 mL		
<i>If <250mLs administered, record as 'not given' as this is insufficient volume</i>	<input type="checkbox"/> 501-1000 mL	<input type="checkbox"/> >1000 mL		
IV resuscitation fluid* PAEDIATRIC OR NEWBORN	<input type="checkbox"/> Not given	<input type="checkbox"/> 10 mL/kg	<input type="checkbox"/> 20 mL/kg	
<i>If <10mL/kg administered, record as 'not given' as this is insufficient volume</i>	<input type="checkbox"/> Other.....			
Oxygen administered	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not required	
Lactate*	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level	mmol/L
Blood culture	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Blood glucose level (mmol/L)	mmol/L			

Transfer of care	<input type="checkbox"/> Ward <input type="checkbox"/> HDU/ICU <input type="checkbox"/> Other hospital <input type="checkbox"/> Tertiary referral hospital <input type="checkbox"/> Home <input type="checkbox"/> Death <input type="checkbox"/> Unknown <input type="checkbox"/> Unchanged (ward)
Presumptive source	<input type="checkbox"/> Abdomen <input type="checkbox"/> Lung <input type="checkbox"/> CNS <input type="checkbox"/> Vascular device <input type="checkbox"/> Skin/soft tissue <input type="checkbox"/> Urinary tract <input type="checkbox"/> Orthopaedic <input type="checkbox"/> Uterine <input type="checkbox"/> Breast <input type="checkbox"/> Unknown <input type="checkbox"/> Other
Comments 	
Name	Designation

*Mandatory fields – Service type, MRN, DOB, lactate, severity, IV resuscitation fluids, IV antibiotics

THIS IS NOT A MEDICAL RECORD FORM



COMPLETING THE DATA COLLECTION TOOL

1. All dates are in dd/mm/yyyy format.
2. All times are in hh:mm 24 hour clock format.
3. MRN is a MANDATORY field and cannot be modified once entered into the database.
4. The facility name originates from NSW Health and is automatically generated with your login when entered into the database.
5. Service type is MANDATORY and is used to describe the type of ward eg Emergency or Medical.
6. The time and date of triage/recognition of sepsis is recorded to most accurately reflect how long it takes from time of recognition to the time of administration of the first antibiotic.
7. The Triage category is recorded for Emergency patients.
8. Lactate is a MANDATORY field. Lactate is recorded as a 'yes' or 'no' depending on whether a level is collected. If 'yes' the result level is then recorded.
9. Severity is documented as **Sepsis** (requires antibiotics as soon as possible, within 2 hours) or **Severe sepsis/Septic shock** (requires antibiotics as soon as possible, within 60 minutes of recognition).
10. The first intravenous (IV) antibiotic time and date is a MANDATORY field. **Do not collect or enter data for patients who have not had intravenous antibiotics.**
11. Intravenous resuscitation fluids administered is a MANDATORY field. Record the amount of bolus fluid given within 60 minutes of sepsis recognition. Record as not given if adults/maternity are administered <250mLs or paediatrics/newborns are administered <10mL/kg as this volume is not sufficient for resuscitation.
12. The transfer of care field is for where the patient was transferred following initial sepsis eg ICU or to another hospital. Use 'ward' if the patient remains in the original ward or is transferred to another ward.
13. Use the comments box to record information which may assist in the data analysis. This includes explanation of blank fields, delays in treatment etc. Do not use the comments box as a medication prescribing, pathology or medical record.
15. The name and designation boxes are to record the name of the person completing the form.